

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0195435 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 02/25/2007 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male who sustained an industrial injury on 2-25-2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine disc herniation L2-L3 left side. According to the progress report dated 8-20-2015, the injured worker was doing poorly. He complained of neck pain, back pain and left leg pain. Per the treating physician (8-20-2015), the injured worker was temporarily totally disabled. The physical exam (8-20-2015) revealed no new motor or sensory deficits. The injured worker demonstrated an abnormal heel to toe gait with reciprocation remarkable for imbalance. There was an obvious antalgic gait with a limp. The injured worker walked with a cane. Treatment has included chiropractic treatment, physical therapy, acupuncture and medications. The treatment plan (8-20-2015) was for magnetic resonance imaging (MRI) and epidural steroid injection. The original Utilization Review (UR) (9-18-2015) denied requests for a cold unit 7 day rental and a lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cold unit 7 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic) chapter under Continuous-flow cryotherapy.

Decision rationale: The current request is for COLD UNIT 7 DAY RENTAL. Treatment has included chiropractic treatment, physical therapy, acupuncture and medications. The patient is temporarily totally disabled. ODG guidelines, Shoulder (acute & chronic) chapter under Continuous-flow cryotherapy, states the following: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Per report 08/20/15, the patient presents with neck pain, back pain and left leg pain. The physical examination revealed abnormal heel to toe gait with reciprocation remarkable for imbalance, antalgic gait, and decreased ROM. The treater recommended a LESI, cold therapy unit 7 day rental, and a back brace. ODG recommends a 7 day rental for post-operative recovery only. The patient has no history of surgery, and no indication of planned surgical intervention. Therefore, the request IS NOT medically necessary.

Lumbar back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar & Thoracic Acute & Chronic Chapter under Lumbar supports.

Decision rationale: The current request is for LUMBAR BACK BRACE. Treatment has included chiropractic treatment, physical therapy, acupuncture and medications. The patient is temporarily totally disabled. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Guidelines, Low Back- Lumbar & Thoracic Acute & Chronic Chapter under Lumbar supports Section states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per report 08/20/15, the patient presents with neck pain, back pain and left leg pain. The physical examination revealed abnormal heel to toe gait with reciprocation remarkable for imbalance, antalgic gait, and decreased ROM. The treater recommended a LESI, cold therapy

unit 7-day rental, and a back brace. Guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.